

Name in Full

Certificate of Death

Name in Full *Fanny J. Abbott*  
 Town *Lakesville* County *Rockchester* MARYLAND  
 Died at  
 Date 19*02* *Aug* *24* Month *Aug* Day *24*  
 Age *73* Y. *5* M. *17* D. *Ind* Native of *Ind* Occupation *Housewife*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *2*

Husband of *James W. Abbott*  
 Wife  
 Father's Name *William J. Phillips* Mother's Name *Fanny Robinson*  
 Maiden Name

Cause of Death { Primary *Typhoid Fever* How long sick *13 days*  
 Immediate *Coma* Accident, Suicide, Homicide

Reported by *E. A. Jones*Address *Lakesville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11

Name in Full *Emily A. Bosley.*  
 Died at *Taylor's Island - Dorchester.* MARYLAND  
 Date 19 *02 Aug. 27* Age *66-5-26* Native of *Md.* Occupation *Domestic.*  
 Sex *Female* Color *White* Marital Status *Widow* Number of children living *3*

Husband of *Nicholas M. Bosley*  
 Wife's Name *John P. Hooper* Mother's Maiden Name *Mary E. LeCompte*  
 Cause of Death { Primary *Chronic Gastritis* How long sick *5 mo*  
 Immediate *Exhaustion.* *104* ~~Accident, Suicide, Homicide~~

Reported by *Dr. Geo. B. Shriver, Jr.*  
 Address *Taylor's Island. Dor. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Henry Bowers*

Town *Vienna* County *Dorchester* MARYLAND

Died at *Vienna* *Dorchester*

Date 190*2* Month *8* Day *15* Y. *62* M. *-* D. *4* Native of *Term.* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *9*

Husband of *Mary T. Bowers*

Wife ☒ Father's Name *\_\_\_\_\_* Mother's Name *\_\_\_\_\_*

Cause of Death { Primary *Cerebral Hemorrhage* Immediate *Paralysis of Right Cent.* How long sick *5 hrs* Accident, Suicide, Homicide ☒

Reported by *F. M. Tanner M.D.*

Address *Vienna Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Philip Percy Bratten

Town

County

Died at

Vermont

Dorchester Co

State

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

aug 1st

Age

3 28

Dorset Md

man

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

H H Bratten

Mother's

Name

Isabel Bratten

Cause of

Primary

Cholera &amp; fainting

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mrs Sallie C Phillips

Address

Preston

Geo. W. McCready  
undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



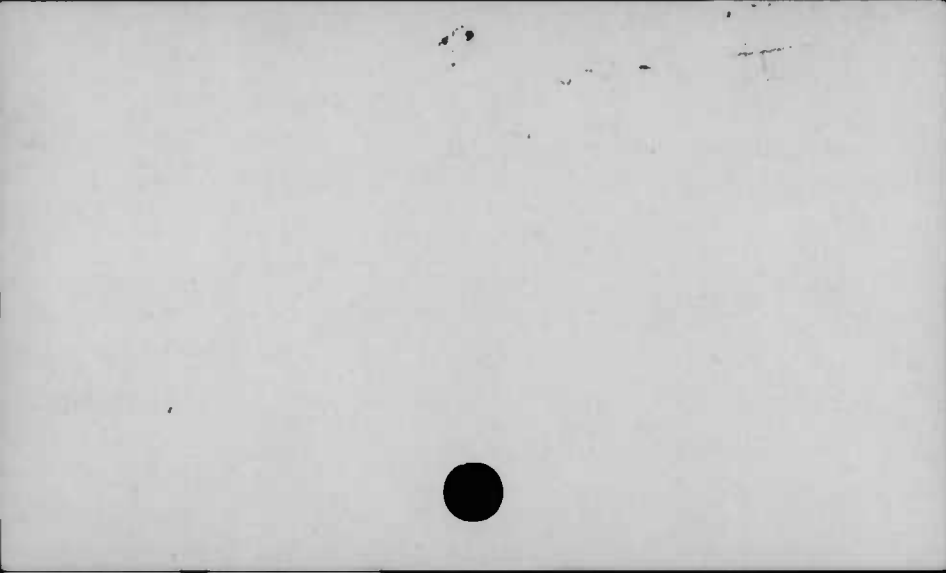


Name in Full *Infant Carpenter*  
 Town *Taylor's Island* County *Dorchester*  
 Died at *Taylor's Island* MARYLAND  
 Date 1902 *Aug 17* Month *Aug* Day *17* Y. *—* M. *—* D. *—* Native of *Md* Occupation *—*  
 Age *—*  
 Male *—* White *—* Married *—* Widowed *—*  
 Female *—* ~~Colored~~ Single *—* Widower *—* Number of children living *—*

Husband of *—*  
 Wife *—*  
 Father's Name *Alon Carpenter* Mother's Maiden Name *Laura Edith Lumbden*  
 Cause of Death { Primary *Atelectasis* How long sick *1 day*  
 Immediate *Asphyxia* *151* ~~Accident, Suicide, Homicide~~

Reported by *Dr J. R. Shriver, Jr.*  
 Address *Taylor's Isl. Dor. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Corkran

Town

County

Died at Birds Grove borchester

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Aug.	25.	15	3	12	Me.	Labourer.
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

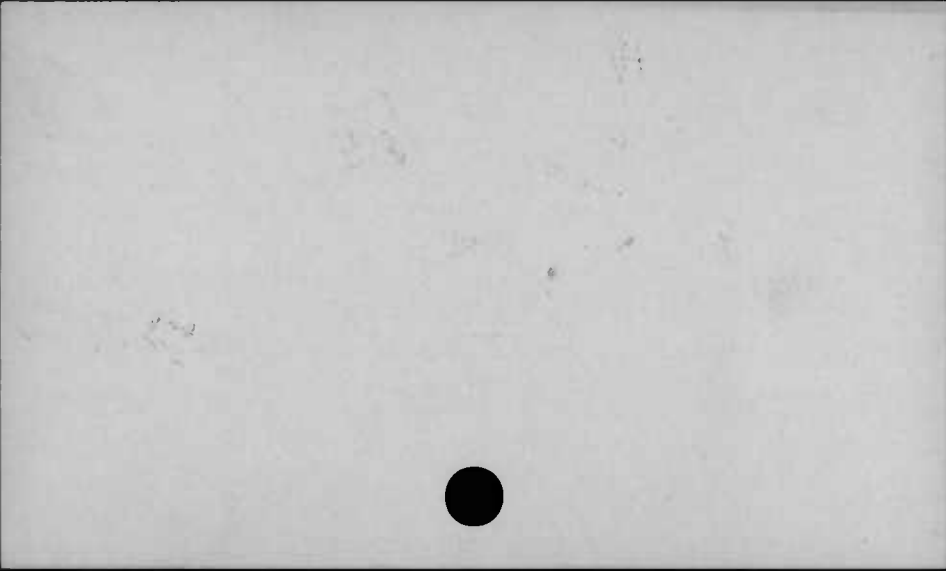
Father's Name	Mother's Maiden Name
John Corkran.	

Cause of	Primary	Immediate	How long sick
Death	Typhoid	Peritonitis	4 weeks
			Accident, Suicide, Homicide

Reported by F. M. Tanner M.D.

Address Vienna Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles S Crosby  
 Town County

Died at Memphis Dorchester MARYLAND

Date 189 1902 aug 9<sup>th</sup> Month Day Y. M. D. Age 4 Native of Dorchester Md Occupation driver  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

N  
Caroline DixonDied at <sup>Town</sup> Church Creek <sup>County</sup> Dorchester MARYLAND

Date 1902 <sup>Month</sup> Aug. <sup>Day</sup> 19<sup>th</sup> <sup>Y.</sup> 88 <sup>M.</sup> 0 <sup>D.</sup> 29 <sup>Native of</sup> Maryland <sup>Occupation</sup>

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Female~~ <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of

Wife

Father's

Name

Mother's

Name

Cause of <sup>Primary</sup> <sup>Immediate</sup> Enterocolitis

Death <sup>How long sick</sup> 6 mos.

<sup>106</sup> ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008





Name in Full

Certificate of Death

Stephen Locking  
 Town E. M. Markh County Dorchester MARYLAND  
 Died at 1902 Month 8 Day 29 Age 46 Y. M. D. Native of Dorchester Occupation  
 Date 189 Male ~~White~~ Married Widow Divorced  
 Female Colored ~~Single~~ Widower Number of children living

Husband of Sarah Locking  
 Wife  
 Father's Name Not Known Mother's Name Not Known

Cause of Death { Primary Immediate Appendicitis 118  
 How long sick  
 Accident, Suicide, Homicide

Reported by Dr. Sayre  
 Address E. M. Markh

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Gladys M. Edmondson

Died at Cambridge Town Dorchester County MARYLAND

Date 1902 Aug 3 Month Day  
 Age # 71 26 Y. M. D. Native of Cambridge Occupation \_\_\_\_\_  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living \_\_\_\_\_

Husband of  
 Wife

Father's Name Thos J. Edmondson Mother's Maiden Name Grace Marshall

Cause of Death { Primary Enteric - Colitis How long sick 7 weeks  
 { Immediate Exhaustion 105 Accident, Suicide, Homicide

Reported by Wm Goldberry

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elliott

Died at <sup>Town</sup> Cambridge<sup>County</sup> Worcester

MARYLAND

Date 1902 Aug 14

Y. M. D. 4

Native of Md

Occupation -

Male

White

Age

Widow

Died

Female

Colored

Single

Widower

Number of children living -

Husband of

Wife

Father's Name A. Lee Elliott

Mother's Maiden Name Sallie H. Vickers

Cause of Primary Meningeal Hemorrhage

How long sick

3 days

Death Immediate Convulsions

Accident, Suicide, Homicide

Reported by

Guy Steele M.D.

Address

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruth Gould

Town

County

Died at

Hurlock

Dorchester

MARYLAND

Date '02

Month

Day

Y.

M.

D.

Native of

Occupation

Aug-26

Age

11-4-10

Md

Student

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

J. Polk Gould

Mother's  
Name

Mary Gould.

Cause of

Primary

Endocarditis

How long sick

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

H. F. Nicolls, M.D.

Address

Hurlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #5968





Name In Full

Certificate of Death

Died at

Date 19

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

ColoredSingleWidower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

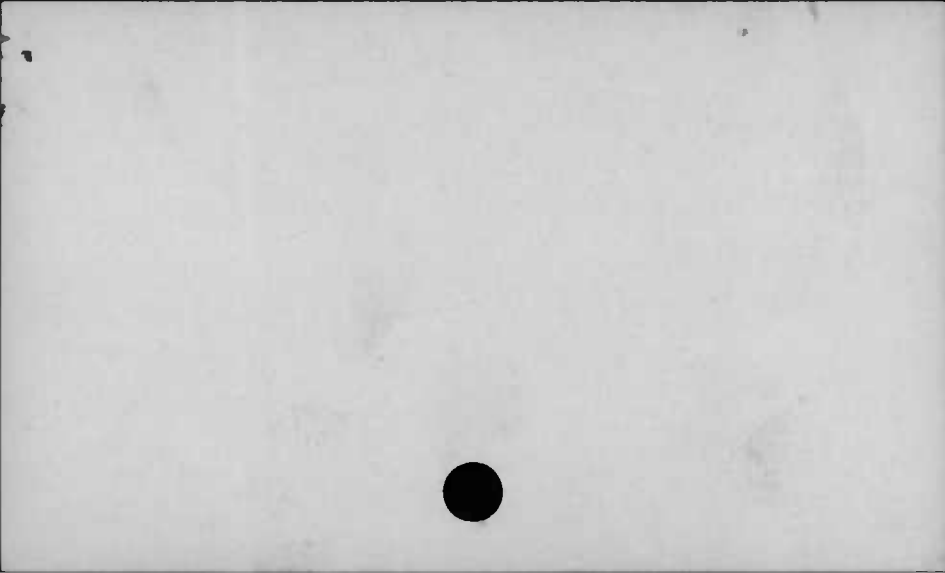
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Died at

Date 189

Male

Husband of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

White

Colored

Single

Widower

Mother's  
Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Hubbard

County

Dor

MARYLAND

Died at

James

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug

13

Age

5

60

Co

Occupation

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

X

Wife

Father's

Name

Mother's

Maiden Name

Laisy Marshall

Cause of

Primary

Perforate foramen ovale

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

S A Stokes

m. b. 150

Address

Cameronville

m. b. 150

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Brother Jolly  
 Died at G. M. Market Town Burchester County MARYLAND  
 Date 1891902 Month 8 Day 7 Y. 8 M.  D.  Native of Burchester Occupation   
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband X  
 or  
 Wife X

Father's Name Joe Jolly Mother's Name Can't remember

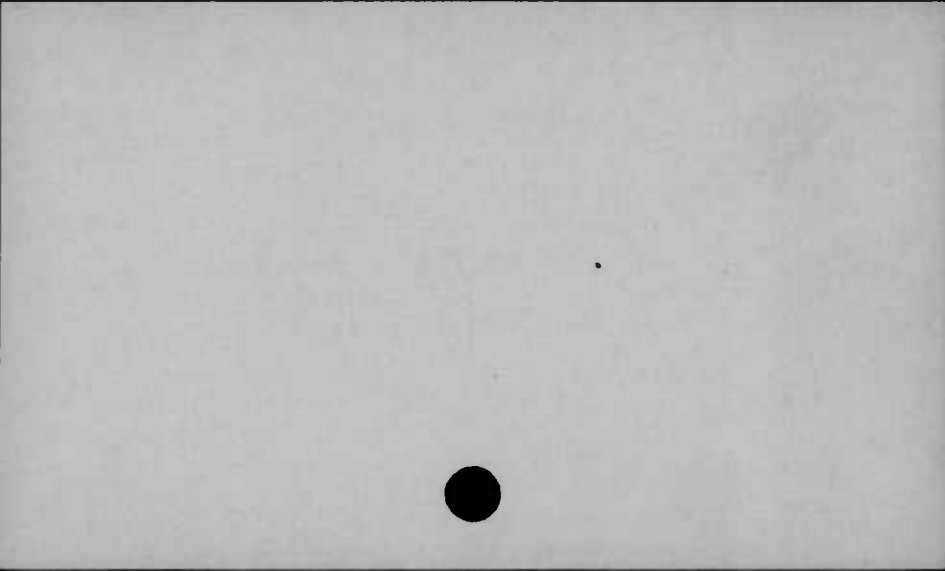
Cause of Death { Primary Immediate Pneumonia Lung infection How long sick 7 days  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 58968





Elizabeth Jones

Town

County

MARYLAND

Died at

Cauling

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug

9

Age

84

Delaware

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

John Jones -

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis -

let

How long sick

one week

Death

Immediate

Hemorrhage into Brain

~~Accident, Suicide, Homicide~~

Reported by

B. W. Solasberry

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Santff Lee

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug 1

Age

28

Dorchester

Housewife

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

George E Lee

Wife

Father's

Name

Nicholas B Dravene

Mother's

Maiden Name

Santff Hurley

Cause of

Primary

Bilious Fever

How long sick

One week

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

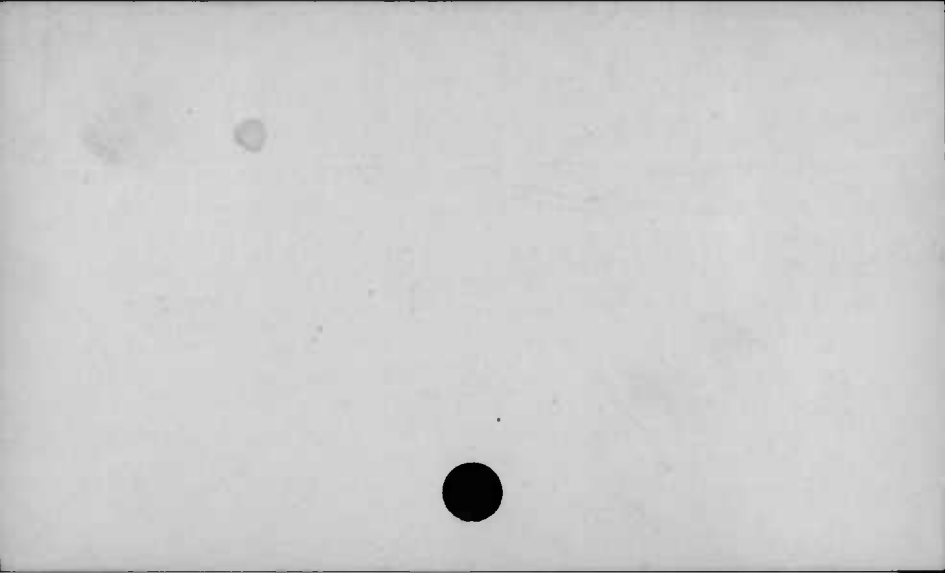
B M Goldsberry

Address

Cambridge Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name  
in  
Full

Kind Francis S. Campbell

## CERTIFICATE OF DEATH

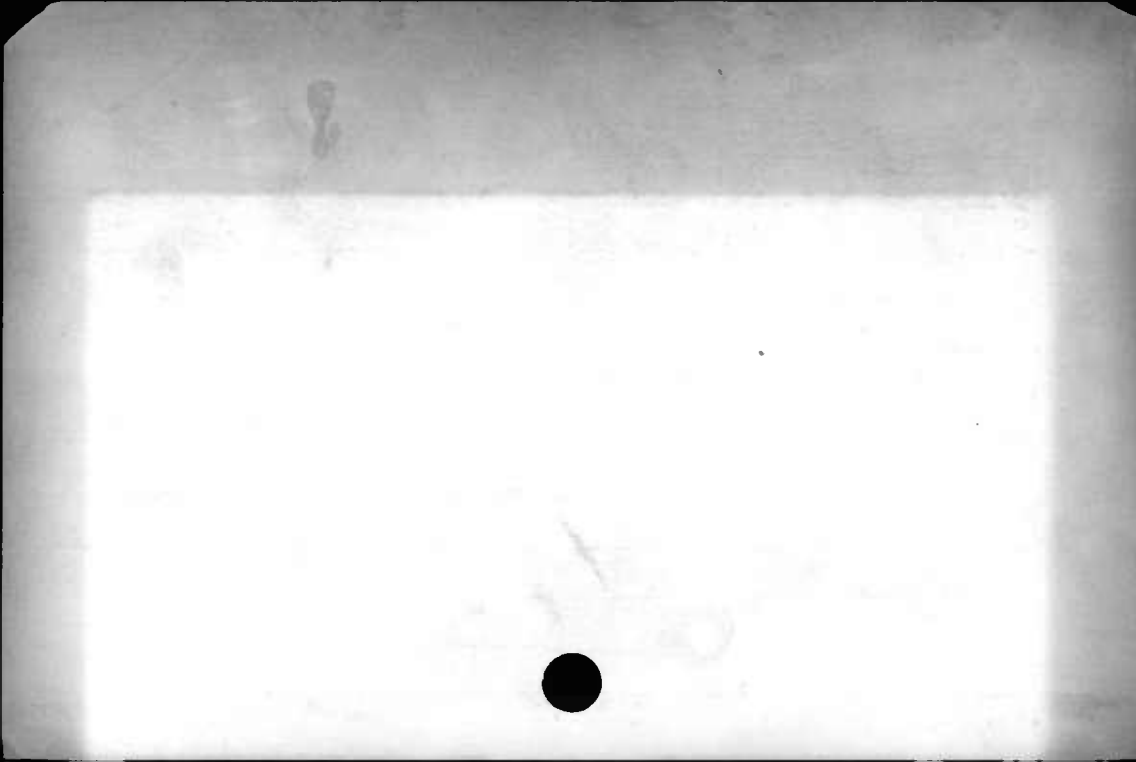
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Waverly dist.</i>		County <i>Branches</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>aug</i>	Day <i>27</i>	Years <i>27</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cambridge md</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>Angela Prosser Campbell</i>					
Father's Name <i>Wm. J. Edge</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Angie E. Edge</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Wm. J. Edge</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child Birth</i>	How long <i>125</i>
Immediate <i>Postpartum hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Guy Stull</i>
	Address <i>Cambridge md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mollie Light

Town

County

Died at Cornersville

Crockett

MARYLAND

Date <sup>1902</sup> ~~1901~~ <sup>Aug</sup> ~~July~~ 19 <sup>Age</sup> ~~34~~ <sup>35</sup> Y. M. D. Native of Md. Occupation Housework  
 Female Colored Single Widowed Number of children living 1

Husband of Robt. Light  
 Wife

Father's Name Frank Wilson

Mother's Name Mary Wilson

Cause of Primary Pneumonia 93

How long sick 8 mos.

Death Immediate Acute tuberculosis

Accident, Suicide, Homicide

Reported by S A Stokes

m.b.

Address Cornersville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55555





Mrs Mary E. McCreedy

Died at Sumner Town Dorchester County MARYLAND

Date 19 07 Month 8 Day 5 Age 52 Y. M. D. Native of Dorchester Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ ~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

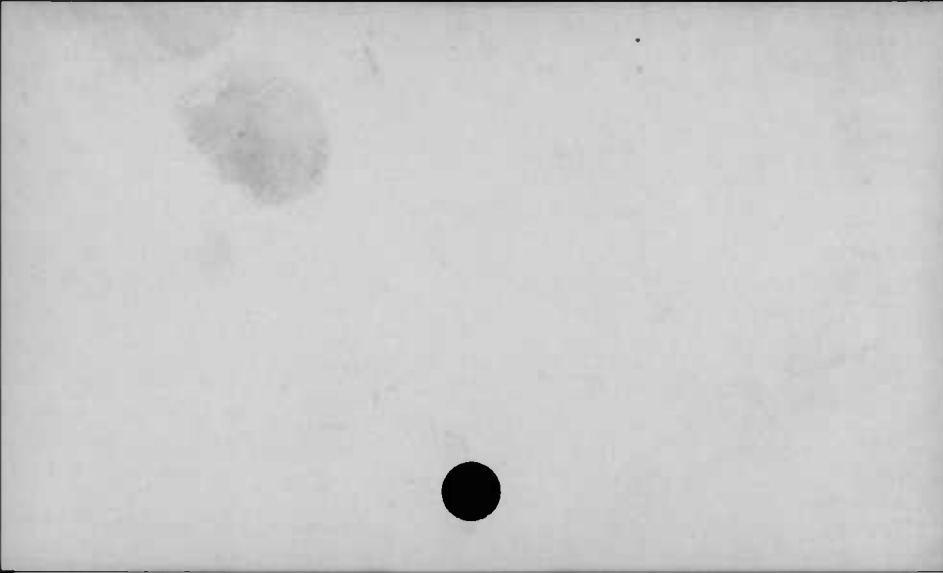
Husband of Robt. F. McCreedy  
 Wife  
 Father's Name James Steven Mother's Maiden Name Mary Ann Steven

Cause of Death { Primary 179 How long sick Four months  
 Immediate Accident, Suicide, Homicide

Reported by Edna McCreedy

Address Sumner MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in full

Certificate of Death

Charles Helester Mahony Martin

Town

County

Died at

Dareys

Dor.

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1907	Aug	9			9	Dareys	
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of	Primary	How long sick
	Immediate	

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706



Milton Morse

Died at Caulnag <sup>Town</sup> Dorchester <sup>County</sup> MARYLAND

Date 1902 August 28 <sup>Month</sup> <sup>Day</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 1 15 Caulnag <sup>Native of</sup> <sup>Occupation</sup> \_\_\_\_\_

Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living \_\_\_\_\_

Husband  
of  
Wife

Father's Name W. A. Morse Mother's Maiden Name Mary Sofronie Flukarty

Cause of Death { Primary Enterocolitis Immediate Exhaustion How long sick 4 weeks  
105 ~~Accident, Suicide, Homicide~~

Reported by D. M. Gales, Mayor

Address Caulnag, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Murrey

Died at <sup>Town</sup> *drumbrig* <sup>County</sup> *Dorchester Co*

MARYLAND

Date 19 *1902* <sup>Month</sup> *August* <sup>Day</sup> *20* <sup>Y.</sup> *28* <sup>M.</sup> *drumbrig* <sup>D.</sup> *Co* <sup>Native of</sup> <sup>Occupation</sup>~~Male~~ <sup>Female</sup> ~~Whites~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ <sup>Number of children living</sup>~~Husband~~ <sup>Wife</sup> of *Joseph Murrey*Father's Name *Robert Wungus* Mother's Name *Carrie Wungus*Cause of Death { Primary *Typhoid fever*  
ImmediateHow long sick  
*about one week*

Accident, Suicide, Homicide

Reported by *Isabel Cephers*Address *drumbrig* *Geo. W. McCreedy*  
*undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Ann M Payne*  
 Died at *Eldorado* Town *Dor* County

MARYLAND

Date *1902* Month *Aug* Day *2* Y. *90* M. *90* D. *90* Native of *Ind* Occupation *Lady*  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒  
 Female ☐ Colored ☐ Single ☐ Widows ☐ Number of children living *4*

Husband of *Leven Payne*  
 Wife

Father's Name *Do not know* Mother's Name *—*

Cause of Death { Primary *Old age*  
 Immediate *Cancer*

How long sick

Accident, Suicide, Homicide

Reported by *E R Oslin*

Address *Galva Iowa*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harley G. Pryor

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Aug. 30<sup>th</sup>

Age

7

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Harley Pryor

Mother's

Name

May Pryor

Cause of

Primary

Brain Fever

How long sick

Death

Immediate

General Debility

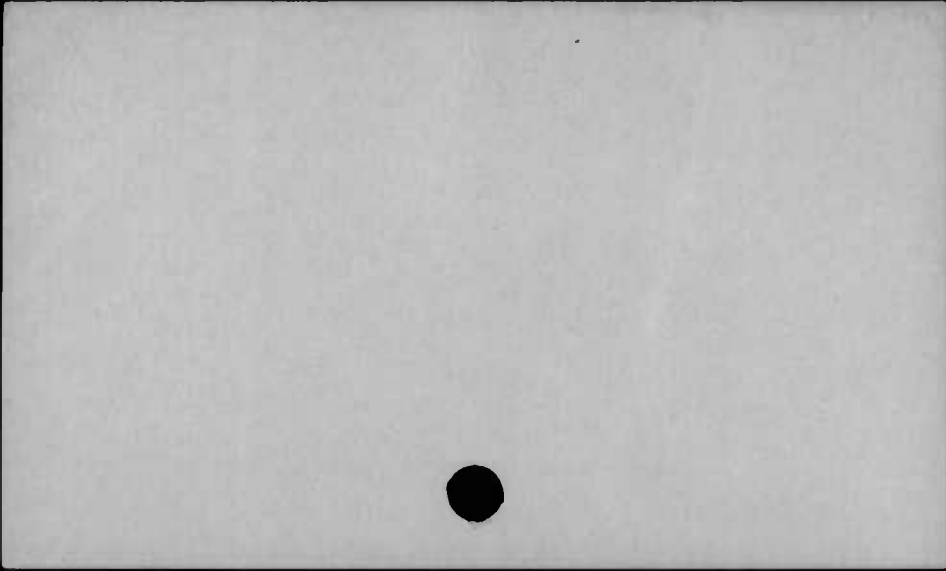
Accident, Suicide, Homicide

Reported by

Dr. W. H. Smith M.D.  
Cambridge, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

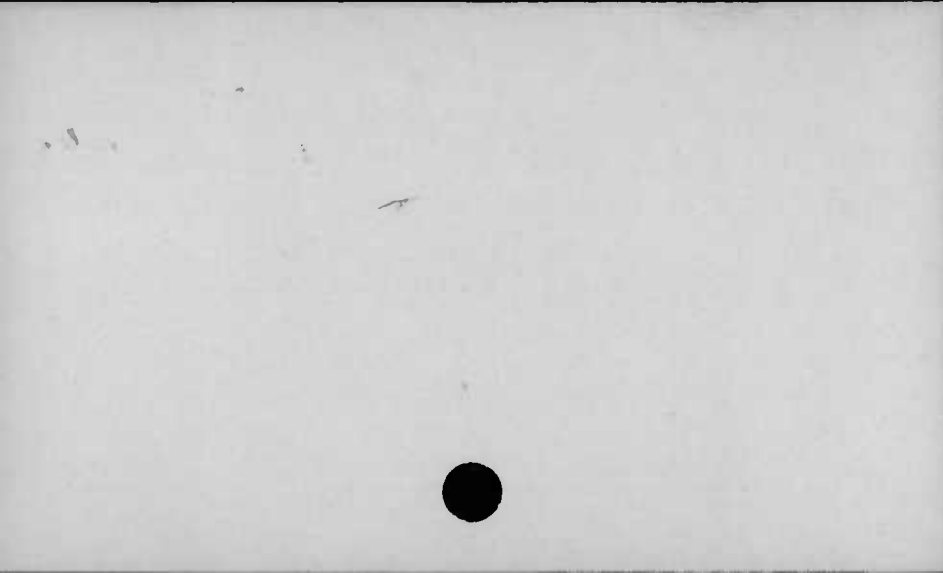


*Sarah E. Riley*  
 Town, *Crookston* County, *Dorchester* MARYLAND  
 Died at  
 Date 19 *2* *Aug* *25* Y. *41* M. *—* D. *—* Native of *Md* Occupation *Housewife*  
~~Male~~ ~~White~~ Married ~~Widow~~ Divorced  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of *James W. Riley*  
 Wife  
 Father's Name *Ed. J. Mills* Mother's Maiden Name *Sarah E. Mills*  
 Cause of Death { Primary *Tetanus* How long sick *5 days*  
 { Immediate *Exhaustion* 72 Accident, ~~Suicide~~, ~~Homicide~~

Reported by *E. A. P. Jones*Address *Crookston*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Christa  
Town

Roberts  
County Winchester

Died at

MARYLAND

Date 1902 Aug 15 Age 72 Y. 10 M. 16 D. 16 Native of Md Occupation None  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living

Husband

of

~~Who~~

Father's

Name

Mother's

Maiden Name

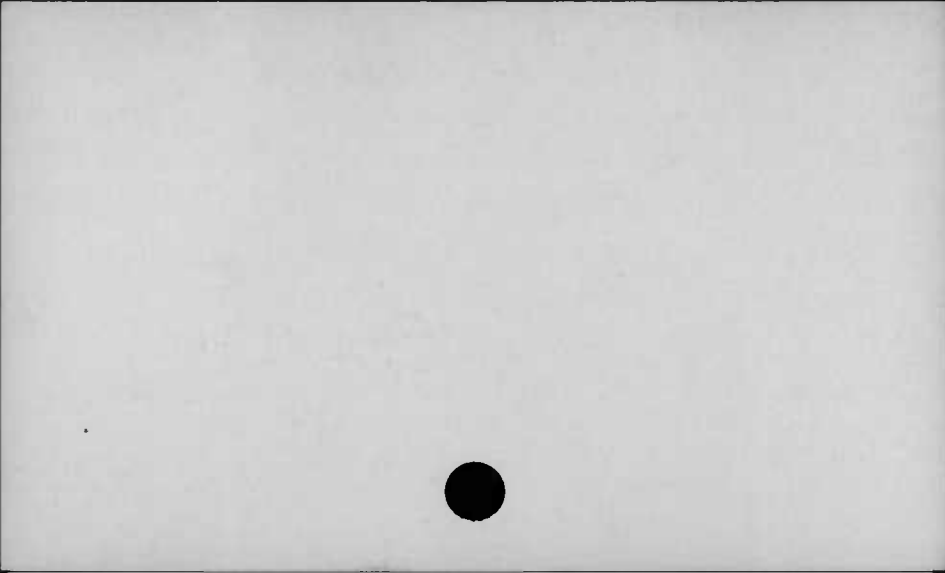
Cause of Death { Primary Cerebral Hemorrhage How long sick 4 days  
 Immediate Paralysis of Heart  
 -Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808





Name in Full

Certificate of Death

Elizabeth Stanford

Town

County

Died at

Vienna

Winchester

MARYLAND

Date 1902 Aug. 23 | Month Day | Y. M. D. | Native of | Occupation

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of { Primary

Death { Immediate

Senile decay

154

How long sick

12 months

Accident, Suicide, Homicide

Reported by

R. J. Price

Address

Vienna, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Emily Stanley

Died at <sup>Town</sup> *Lincolnd*

County

*Dorchester*

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

15-

Age

68

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

~~Husband~~

of

Wife

Father's

Name

*Charles Stanley**Not Known*

Mother's

Name

*Not Known*

Cause of

Primary

Death

Immediate

*Parralysis*

How long sick

*6 weeks*~~Accident, Suicide, Homicide~~

Reported by

*Dr. Sayre*

Address

*E. N. Markop*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868



Name In Full

Certificate of Death

Josiah Stanley

Town

County

Died at

MARYLAND

Date 190

Month

Day

Y.

M.

D.

Native of

Occupation

August 15

Age

74

md

Farmer

Male

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

3

Husband

of

Henrietta Fisher

Father's

Name

Mother's

Maiden Name

Harry Stanley

Priscilla Blake

Cause of

Primary

Valued heart - vision

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Samuel M.D.

Address

Cambridge md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Curtis Storms

Died at <sup>Town</sup> East Wommet <sup>County</sup> Frederick MARYLAND

Date 19 02 Aug 23 Age 7 Native of Md Occupation

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Charles E. Storms Mother's Name Mary H. Storms

Cause of Death Primary acute & chronic Colitis How long sick 5 days

Death Immediate If hastening Heart Failure Accident, Suicide, Homicide

Reported by Victor Smith

Address East Wommet Md. 105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Millie Thompson

Town

County

MARYLAND

Died at

Vienna Dochester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8 24

Age 73

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

1

Husband of

~~Wife~~

Wm. Thompson

Father's

Mother's

Name

Maiden Name

Lent

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Herbert  
ViennaMendota Her  
Hed

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gertie Travers

Died at

Milton

Town

County

Dorchester

MARYLAND

Date

1902 Aug. 27

Month

Day

Age

Y.

M.

D.

Native of

Occupation

1902

Aug. 27

15

12

Dor. Co. Md.

Housework

Female

White

Single

Widow

Divorced

Number of children living

Husband  
of  
WifeFather's  
Name

Illegitimate

Mother's  
Name

Henrietta Travers

Cause of

Primary

Typhoid Fever

How long sick

4 weeks

Death

Immediate

Reported by

B. A. Smith Md

Address

Madison Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

01 ✓

Aug 25

Age

16 10 23

Dor Co

School Boy

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dying due to accident to abdomen

How long sick

14 Hours

Death

Immediate

hemorrhage &amp; shock

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1992

1

1992-1993

1992-1993

Joseph T. Vickers

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug-9-

Age

66-

Ireland

School teacher

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Sallie J. Fountain

Father's

Name

Nathan Vickers

Mother's

Maiden Name

Nancy Wheatley

Cause of

Primary

anoxia of brain

Death

Immediate

Exhaustion

How long sick

9 months

Accident, Suicide, Homicide

Reported by

Eugene M. M.D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Gertude Willey

Town

County

Died at

MARYLAND

Oranbridge Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

8

H

Age

6

Malt

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jeff Willey

Gertude Willey

How long sick

Cause of

Primary

Death

Immediate

Lebronie Druech

Accident, Suicide, Homicide

Reported by

J. H. H. H.

Address

Vienna, Md.

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Annie Lee Wilson*  
 Town *Lloyds* County *Barthester* MARYLAND

Died at *1902* Month *Aug* Day *23* Y. *11* M. *2* D. *60* Native of *bar* Occupation *infant*  
 Date *1902* *Aug 23* Age *11* *2* *60* *infant*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Sing~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~  
 of

Father's Name *Geo H Wilson* Mother's Name *Florence Wilson*

Cause of Death { Primary *dysentery* *3* How long sick *10 days*  
 { Immediate *lowel* Accident, Suicide, Homicide

Reported by *L A Stokes* *m. 6/06*

Address *Connersville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Simon Woolford  
 Died at Jurics Dover County Dorchester MARYLAND  
 Date 1904 Month 8 Day 23 Age 85 Y. M. D. Native of Med Occupation Farmer  
 Male White Married Widow Divorced Widower Number of children living 7  
~~Female~~ ~~Colored~~ ~~Single~~

Husband of Catherine Woolford  
 Wife Helvie Woolford  
 Father's Name Helvie Woolford Mother's Maiden Name Helvie Woolford

Cause of Death { Primary Immediate Dysentery 14 How long sick Accident, Suicide, Homicide

Reported by L. J. HesterAddress Wilmington, Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Phileas E. Gates

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

01

Aug 23

Age 67

Dorchester Co

Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hypertrophy of Heart

How long sick

Some months

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. L. L. L. L.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

